

UNIVERSITY OF CHITRAL
PROGRAM AFFILIATION PFORMA

- Note: 1. Please provide the following information, use separate sheets if required.
2. Separate form is to be filled for each degree program.

I. GENERAL INFORMATION

1. Name of the College/institution with full address:

Telephone No. _____ Fax No. _____

E-mail Address: _____

2. Year of Establishment of Institution: _____

3. Objectives of Establishment of the Institution:

4. Name of the controlling authority/chief executive:

5. Name of the Head of Institution: _____

a. Designation: _____

b. Qualification: _____

6. In case of Private Institute:

a. List of members of Board of Governors/ Managing Committee.

b. Name of Society / Foundation / Trust: _____

(Attach copy Of Registration)

7. Date of First Affiliation: _____

8. Date of last Inspection: _____

9. Date of Present Inspection: _____

(To be filled by Affiliation Committee)

10. Programs in which affiliation is sought:

Faculty	Degree	Subject

II. PHYSICAL FACILITIES

11. Building:

- a. Type of building: _____
(Owned / Rented)
- b. Approximate total covered area: _____
- c. Number of classrooms: _____
- d. Approximate dimensions of the classrooms: _____
- e. Number of laboratories: _____
- f. Approximate dimensions of the Laboratories: _____
- g. Number of common rooms: _____
- h. Approximate dimensions of the Common Rooms: _____
- i. Number of staff rooms: _____
- j. Approximate dimensions of the staffrooms: _____
- k. Number of libraries: _____
- l. Approximate dimensions of the libraries: _____
- m. Number of offices: _____
- n. Approximate dimensions of the offices: _____
- o. Number of student hostels: _____
- p. Approximate capacity of the hostels: _____
- q. Number of quarters/residences at the campus for teaching staff: _____

12. Is the above space properly fitted with the following?

- a. Electricity both lighting & power connection & fans: _____
- b. Ventilators: _____
- c. Water Supply: _____
- d. Sanitary Fittings: _____

13. Details of sports grounds and other facilities:

14. Number of transport vehicles for officials use: _____

15. Number of transport vehicles for students use: _____

III. ACADEMIC FACILITIES

16. Current academic programs presented at institution:

17. Details of subjects to be offered at bachelor's level with proposed combinations of academic:

IV. FACULTY/STAFF

18. Details of faculty, their designation, qualification, subject and length of service
(Please use separate sheet)

S.No.	Name	Designation	Length of Service	Status Regular/Contract/Visiting	Pay Scale
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19. Total number of faculty subject wise:

S.No.	Subject	Total strength

20. Total number of non-teaching, administrative and supporting staff, their designation qualifications and experience. (Please use separate sheet):

S.NO.	Name	Designation	Designation	Length of Service	Status Regular/Contract/ Visiting	Pay Scale
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21. Details of medical services for students and employees if any:

V. LIBRARY

22. Total No. of books available in the library: _____

23. Subject-wise list of books, journals, periodicals: (Please use separate sheet)

24. S.NO., Name of books with authors, year of publication and Number of copies
(Please use separate sheet)

S.NO.	Name of the book	Author/s	Year of publication	Number of copies
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VI. FACILITIES REGARDING INFORMATION TECHNOLOGY:

25. Student computer ratio: _____

26. Internet connectivity available to the students: _____

VII. STUDENTS:

27. Total number of students enrolled in the institution: _____

28. Class wise number of the students admitted during the last four years. Starting from class XI.

Class	1 st Year		2 nd Year	
	Boys	Girls	Boys	Girls

VIII. ADMISSIONS

29. General Policy:

30. Number of students to be enrolled, level-wise: _____

31. Procedures and criteria of admission:

IX. QUALITY ASSURANCE AND STUDENT SUPERVISION

32. Arrangement for academic supervision of students:

33. Arrangements for quality assurance:

34. Level of administrative and technical support for quality assurance:

X. FINANCE

35. State the financial position of the College/institution and sources of income to meet the expenses for degree classes (In case of private college audited financial balance sheet is to be submitted)

36. Sources of yearly income for the last two years:

a. Recurring

Govt-grant: _____ Income from tuition fees: _____

b. Non-Recurring

Building-grant: _____ Equipment grant: _____

c. Income from other sources: _____

37. Class wise monthly tuition fee charged from students. Rs. _____

Whether fee is collected monthly or on periodic basis: _____

XI. MISCELLANEOUS

Any other matter regarding the college which you desire to bring the notice of the Affiliation Committee

SIGNATURE OF THE PRINCIPAL
WITH OFFICIAL SEAL

Dated: ____ / ____ / ____



**APPLICATION FORM FOR SEEKING AFFILIATION OF
EDUCATIONAL INSTITUTIONS WITH UNIVERSITY OF CHITRAL**
(For Private Sector Colleges only)

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The Registrar,
University of Chitral
Subject: REOUEST FOR GRANT OF AFFILIATION

Dear Sir,

Respectfully submitted that I intend to affiliate an institute under the affiliation arrangements of the University of Chitral in the discipline(s) of _____ at _____ (place), per following details:

1. Name of the institute: _____
2. Name of the Society/Trust/Foundation: _____
(Registration Certificate be attached)
3. Name & F/Name of the Management: _____
[Partners (if any) (with full particulars)]
4. Academic Qualification: _____
5. CNIC No.: _____
(Copy of CNIC be attached)
6. Profession: _____
7. Permanent Home Address: _____
Contact (Phone/Mobile No): _____
8. A/C No. & Bank: _____
9. National Tax No. : _____
10. Building, own or rented/Size of Plot: _____
11. Address/Location of Building: _____
12. Session: (whether the proposed institute: _____
will be run in morning or evening) *

* In case, an applicant desire to seek affiliation in both morning and evening sessions, the application processing fee at the prescribed rate should be remitted separately for each session.

It is therefore, requested to process our application and the necessary documents may be supplied.

Yours Faithfully,

Signature: _____

Name: _____

Complete Mailing Address for correspondence:

Date: ____/____/____